

# KENTUCKY STATE BOARD OF ACCOUNTANCY

332 W. Broadway, Suite 310

Louisville, KY 40202

(502) 595-3037

<http://cpa.ky.gov>

## INITIAL FIRM REGISTRATION

This form must be completed by the Firm CPA Manager.

### Firm Name

Check One:      Partnership      Professional Service Corporation      Corporation  
RLLP      PLLC      LLC

### Principal Office Information:

Street Address (Required)

PO Box (If applicable for mailing)

City      State      Zip Code

Area Code & Phone Number      E-Mail Address

Answer the following questions regarding your firm:

Yes	No	Each CPA who regularly practices in Kentucky is a Kentucky CPA licensed in good standing.
Yes	No	Is the firm name misleading as to the legal form or as to the persons who are CPA owners or any other matter. Note that the names of one or more deceased, retired or withdrawn CPA owners may be included in the name of a firm or its successor. Non-CPA owners names shall not be included in the firm name.
Yes	No	If practicing in any manner other than as a general partnership, is the firm registered with the Kentucky Secretary of State's Office? Out-of-state business entities may/may not be required to register with the Kentucky Secretary of State. Check with your attorney. If no, provide a copy of the registration filed with the Secretary of State's office in your home state.
Yes	No	Will this office perform attest services (including compilations)?
Yes	No	If yes, has your office adopted a system of quality control in accordance with the provisions of the AICPA Statements on Quality Control Standards?
Yes	No	Has or will your firm enroll in a peer review program within thirty (30) days, and within 24 months report completion of peer review.

If this is a successor firm, what was the date of your last peer review?  
proof of peer review completion.

Provide

Yes	No	Does your firm have any non-CPA owners?
Yes	No	If yes, do the CPAs own 51% or more of the firm?
Yes	No	Are the non-CPA owners actively engaged in the firm's operations?
Yes	No	Are non-CPA owners prohibited from selling or otherwise transferring their ownership interest in the firm to persons who fail to satisfy the requirements of KRS 325.301 and the accompanying regulations?
Yes	No	Does a licensed CPA have ultimate responsibility for all services provided by the firm?
Yes	No	Does a licensed CPA have ultimate authority over any unit, division, or branch of the firm that performs attest services?

**List all Branch Offices:** (If space is not sufficient, attach an additional sheet)

1.	Address/PO Box		
	City	State	Zip Code
	Phone Number		
	Resident Manager		
2.	Address/PO Box		
	City	State	Zip Code
	Phone Number		
	Resident Manager		
3.	Address/PO Box		
	City	State	Zip Code
	Phone Number		
	Resident Manager		
4.	Address/PO Box		
	City	State	Zip Code
	Phone Number		
	Resident Manager		

Alphabetically list all CPA Owners: \* = CPA Firm Manager (If space is not sufficient, attach an additional sheet.)

NAME (First, Middle, Last)	KENTUCKY LICENSE NUMBER	OFFICE LOCATION (CITY)
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Alphabetically list all non-CPA owners. (If space is not sufficient, attach an additional sheet.)

NAME (First, Middle, Last)	JOB TITLE	OFFICE LOCATION (CITY)
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Alphabetically list all CPA Associates (not CPA owners) who regularly practice in Kentucky: (If space is not sufficient, attach an additional sheet.)

NAME (First, Middle, Last)	KENTUCKY LICENSE NUMBER	OFFICE LOCATION (CITY)
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**Enclose a check for \$100.00** made payable to the Kentucky State Board of Accountancy.

I, \_\_\_\_\_ hereby certify that all of the information in this application is true and correct. I further state that all other provisions of KRS Chapter 325, regulations promulgated by the Board, and all other laws of the Commonwealth applicable to the firm's particular form of business organization shall be followed. Finally, I will notify the Board within one month after the admission or withdrawal of a CPA owner.

\_\_\_\_\_  
**Signature of Firm CPA Manager**

\_\_\_\_\_  
**Date Signed**

**Mail to the Kentucky State Board of Accountancy. A copy of this application will be presented to the Board at the next regularly scheduled meeting. Upon approval, a copy will be returned to you.**

**FOR BOARD USE ONLY**

Date Received \_\_\_\_\_

First Renewal Date \_\_\_\_\_

Staff Review \_\_\_\_\_

Fee \_\_\_\_\_

The Kentucky State Board of Accountancy met on \_\_\_\_\_, \_\_\_\_\_ and approved this firm registration.

\_\_\_\_\_  
President/Presiding Member